

219634
219635

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815 2009-277-T 2001-327-T
--	--

DATE: 10.12.2009

WILLIAM
2009-277-T

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7142
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 10.06.2009 because Not having
(DATE)
filed the annual report for ADA TAXI INC.

I am seeking reinstatement because I filled the annual report
and I am attaching to this reinstatement request

ADA TAXI INC DBA _____
(Name of Company) (If applicable)

511 632d AVE NW
(Street Address) (Mailing Address if different from Street Address)

MYRTLE BEACH, SC 29572
(City, State, Zip Code) (Signature)

843-448-5555
(Telephone Number) (Title)

RECEIVED

OCT 12 2009

ORS Revised 9-12-08

PSC SC
DOCKETING DEPT.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY
OF

Exact Legal Name of Respondent

A & A Taxi Inc

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

☒ Calendar Year Ending December 31, 2008

or

☐ Fiscal Year Ending _____

